OIL CONS. COMMISSION ATT ₽ (J. BOX 1980 HOBBS.INEW MEXICOP 88240 **UNITED STATES** Budget Bureau No. 1004-0135 Form 3160-5 DEPARTMENT OF THE INTERIOR Expires: March 31, 1993 (June 1990) 5. Lease Designation and Serial No. **BUREAU OF LAND MANAGEMENT** LC031621A SUNDRY NOTICES AND REPORTS ON WELLS 6. If Indian, Allottee or Tribe Name Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT - " for such proposals 7. If Unit or CA, Agreement Designation SUBMIT IN TRIPLICATE 1. Type of Well 8. Well Name and No. X Oil Well 1 Britt Federal 17478 2. Name of Operator MERIDIAN OIL INC. 9. API Well No. 30-025-05972 3. Address and Telephone No. 915-688-6943 P.O. Box 51810, Midland, TX 79710-1810 10. Field and Pool, or exploratory Area 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) NICE-LION- GB SA Sec. 7, T20S, R37E County or Parish, State 1980' FNL & 1980' FWL NM CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 12. TYPE OF ACTION TYPE OF SUBMISSION Change of Plans Abandonment Notice of Intent New Construction Recompletion Non-Routine Fracturing X Subsequent Report Plugging Back Water Shut-Off Casing Repair Final Abandonment Notice Conversion to Injection Altering Casing Other (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) 13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\* Meridian Oil Inc. had plans to recomplete/stimulate well and return to production, however, questions were arisen by the former operator concerning interest. Presently working to resolve these questions. Will advise at later date. apprul apprul apprul 2/95 J. Jara

(This space for Federal or State office use)

Approved by \_\_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Conditions of approval, if any:

Title REGULATORY ASSISTANT

14. I hereby certify that the foregoing is true and correct